

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lamer et al.

Title: Data Management System For Patient Data

Appl. No.: Unknown

Filing Date: Unknown

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

EL289241884US	April 5, 2000
(Express Mail Label Number)	(Date of Deposit)

Roberta Cooper
(Printed Name)

Roberta Cooper
(Signature)

UTILITY PATENT APPLICATION
TRANSMITTAL

Assistant Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Roland Lamer
Theodore Anagnost

Enclosed are:

- [X] Specification, Claim(s), and Abstract (24 pages).
- [X] Informal drawings (8 sheets, Figures 1-8).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to General Electric Company.
- [X] Assignment Recordation Cover Sheet.
- [X] Preliminary Amendment.
- [X] Information Disclosure Statement.
- [X] Form PTO-1449 with copies of 2 listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$690.00	\$690.00
Total Claims:	27	- 20	= 7	x \$18.00	= \$126.00
Independents:	5	- 3	= 2	x \$78.00	= \$156.00
If any Multiple Dependent Claim(s) present:			+	\$260.00	= \$0.00
				SUBTOTAL:	= \$972.00
[]				Small Entity Fees Apply (subtract ½ of above):	= \$0.00
				TOTAL FILING FEE:	= \$972.00

- [X] Please charge Deposit Account No. 07-0845 in the amount of \$1,012.00 in payment of the filing fee and Assignment recordation fee.
- [X] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-0845.

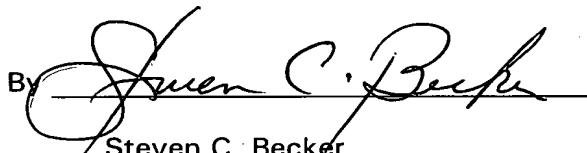
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

4/5/00

By



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